

# Mono County Community Development Department

P.O. Box 347  
Mammoth Lakes, CA 93546  
(760) 924-5450 Fax 924-5458  
monocounty@qnet.com

## Planning Division

P.O. Box 8  
Bridgeport, CA 93517  
(760) 932-5217 Fax 932-5246  
northmono@qnet.com

### APPEAL FORM

DATE RECEIVED \_\_\_\_\_

FEE RECEIVED \_\_\_\_\_

BY \_\_\_\_\_

RECEIPT # \_\_\_\_\_

CHECK # \_\_\_\_\_

CASH \_\_\_\_\_

**NOTE: This form must be filed within 15 days of the stated action in order to be valid.**

APPLICATION # BEING APPEALED \_\_\_\_\_ DATE OF ACTION \_\_\_\_\_

NAME OF APPELLANT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street, Box #) (City) (State) (Zip)

TELEPHONE # \_\_\_\_\_

NATURE OF APPEAL: Appellant should describe what is being appealed. If a condition of approval is being appealed, attach a copy of the project conditions and indicate which conditions are being appealed.

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REASON FOR APPEAL: Appellant should describe why the decision is being appealed.

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I CERTIFY UNDER PENALTY OF PERJURY that I am: ☐ legal owner(s) of the subject property, ☐ corporate officer(s) empowered to sign for the corporation or authorized legal agent, or ☐ other interested party.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This application shall include:**

- A. Completed application form (one copy).
- B. Project processing deposit of \$540.00 for the appeal.